CLAIRIDGE HOUSE 1519-60TH STREET

KENOSHA 53140 Phone: (262) 656-7500 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 69 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 89 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 67 Average Daily Census: 64

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No				용 8		13.4
Supp. Home Care-Personal Care	No	•		1		1 1 10010	32.8
Supp. Home Care-Household Services	No	Developmental Disabilities	4.5	Under 65	20.9	More Than 4 Years	43.3
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	23.9		
Respite Care	No	Mental Illness (Other)	46.3	75 - 84	26.9		89.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.5	95 & Over	3.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	6.0	65 & Over	79.1		
Transportation	No	Cerebrovascular	3.0			RNs	8.0
Referral Service	No	Diabetes	1.5	Gender	8	LPNs	9.4
Other Services	No	Respiratory	1.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.4	Male	43.3	Aides, & Orderlies	39.6
Mentally Ill	Yes			Female	56.7		
Provide Day Programming for			100.0			İ.	
Developmentally Disabled	No				100.0		
*********	***	********	*****	******	*********	*******	******

Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	4	6.5	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	6.0
Skilled Care	1	100.0	309	53	85.5	115	0	0.0	0	4	100.0	158	0	0.0	0	0	0.0	0	58	86.6
Intermediate				5	8.1	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		62	100.0		0	0.0		4	100.0		0	0.0		0	0.0		67	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		_	% Totally	Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	22.4		31.3	46.3	67
Other Nursing Homes	20.0	Dressing	22.4		31.3	46.3	67
Acute Care Hospitals	71.4	Transferring	47.8		31.3	20.9	67
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.3		34.3	31.3	67
Rehabilitation Hospitals	0.0	Eating	53.7		29.9	16.4	67
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	******	*****	*****	******	*****
Total Number of Admissions	35	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.5	Receiving Resp	iratory Care	6.0
Private Home/No Home Health	18.8	Occ/Freq. Incontiner	nt of Bladder	68.7	Receiving Trac	heostomy Care	3.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	43.3	Receiving Suct	ioning	3.0
Other Nursing Homes	3.1	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	28.1	Mobility			Receiving Tube	Feeding	9.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.5	Receiving Mech	anically Altered Diets	26.9
Rehabilitation Hospitals	3.1						
Other Locations	3.1	Skin Care			Other Resident C	haracteristics	
Deaths	43.8	With Pressure Sores		4.5	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	32				Receiving Psyc	hoactive Drugs	37.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	. * * * * * * * * * * * *	Owne	ership:	Bed	Size:	Lic	ensure:		
	This				-99		lled	Al	
	Facility	-		Peer	Group	Peer	Group	Facilities	
	용	%	Ratio	용	Ratio	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	71.9	86.2	0.83	87.1	0.83	88.1	0.82	87.4	0.82
Current Residents from In-County	56.7	78.5	0.72	81.0	0.70	82.1	0.69	76.7	0.74
Admissions from In-County, Still Residing	25.7	17.5	1.47	19.8	1.30	20.1	1.28	19.6	1.31
Admissions/Average Daily Census	54.7	195.4	0.28	158.0	0.35	155.7	0.35	141.3	0.39
Discharges/Average Daily Census	50.0	193.0	0.26	157.4	0.32	155.1	0.32	142.5	0.35
Discharges To Private Residence/Average Daily Census	9.4	87.0	0.11	74.2	0.13	68.7	0.14	61.6	0.15
Residents Receiving Skilled Care	92.5	94.4	0.98	94.6	0.98	94.0	0.98	88.1	1.05
Residents Aged 65 and Older	79.1	92.3	0.86	94.7	0.84	92.0	0.86	87.8	0.90
Title 19 (Medicaid) Funded Residents	92.5	60.6	1.53	57.2	1.62	61.7	1.50	65.9	1.40
Private Pay Funded Residents	6.0	20.9	0.29	28.5	0.21	23.7	0.25	21.0	0.28
Developmentally Disabled Residents	4.5	0.8	5.57	1.3	3.52	1.1	4.04	6.5	0.69
Mentally Ill Residents	65.7	28.7	2.28	33.8	1.94	35.8	1.83	33.6	1.95
General Medical Service Residents	13.4	24.5	0.55	21.6	0.62	23.1	0.58	20.6	0.65
Impaired ADL (Mean)	48.7	49.1	0.99	48.5	1.00	49.5	0.98	49.4	0.98
Psychological Problems	37.3	54.2	0.69	57.1	0.65	58.2	0.64	57.4	0.65
Nursing Care Required (Mean)	6.5	6.8	0.96	6.7	0.97	6.9	0.94	7.3	0.89